



02172.020418

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2624, Expedited Procedure

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------------|---|----------------------|
| In re Application of: |) | |
| | : | Examiner: S. Brinich |
| YUICHI HIGUCHI |) | |
| | : | Group Art Unit: 2624 |
| Application No.: 09/606,023 |) | |
| | : | |
| Filed: June 29, 2000 |) | |
| | : | |
| For: PRINTING APPARATUS |) | |
| AND CALIBRATION | : | |
| CONTROL METHOD |) | September 9, 2004 |

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Technology Center 2600

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

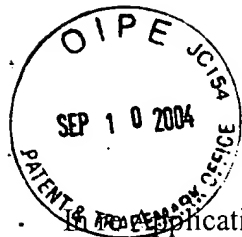
Sir:

In response to the Office Action dated June 10, 2004, please amend the
above-identified application, as follows:

09/13/2004 EAREGAY1 00000049 09606023

01 FC:1201
02 FC:1202

86.00 OP
18.00 OP



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AF/ 2524/
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Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2624, Expedited Procedure

Docket No. 01272.020418

In re Application of:

YUICHI HIGUCHI

Application No.: 09/606,023

Examiner: S. Brinich

Filed: June 29, 2000

Group Art Unit: 2624

For: PRINTING APPARATUS AND CALIBRATION
CONTROL METHOD

Date: September 9, 2004

Mail Stop AF
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 32 | MINUS | ** 31 | = 1 | x \$9 \$18 | 18.00 |
| INDEP. CLAIMS | * 10 | MINUS | *** 9 | = 1 | x \$43 \$86 | 86.00 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | Prev. Paid |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 104.00 |

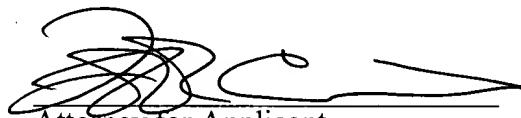
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$104.00 is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Frank L. Cire
Registration No. 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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